- 1) Select the first indication/symptom from drop down menu
- 2) Continue selecting appropriate indications/symptoms from drop down menus until reaching final recommendation.
- 3) When you reach an "End" screen, click the close button in the bottom right corner to exit the tool.

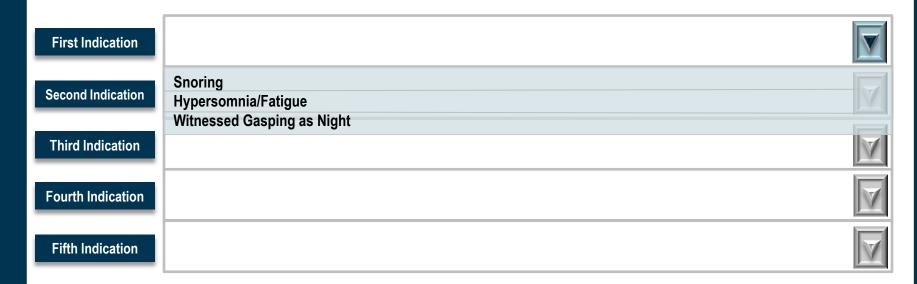
First Indication	Click here to make first selection	
Second Indication		
Third Indication		<u></u>
Fourth Indication		A
Fifth Indication		A







- 1) Select the first indication/symptom from drop down menu
- 2) Continue selecting appropriate indications/symptoms from drop down menus until reaching final recommendation.
- 3) When you reach an "End" screen, click the close button in the bottom right corner to exit the tool.









- 1) Select the first indication/symptom from drop down menu
- 2) Continue selecting appropriate indications/symptoms from drop down menus until reaching final recommendation.
- 3) When you reach an "End" screen, click the close button in the bottom right corner to exit the tool.

First Indication	Snoring	
Second Indication		
Third Indication		
Fourth Indication		
Fifth Indication		







- 1) Select the first indication/symptom from drop down menu
- 2) Continue selecting appropriate indications/symptoms from drop down menus until reaching final recommendation.
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- 1) Select the first indication/symptom from drop down menu
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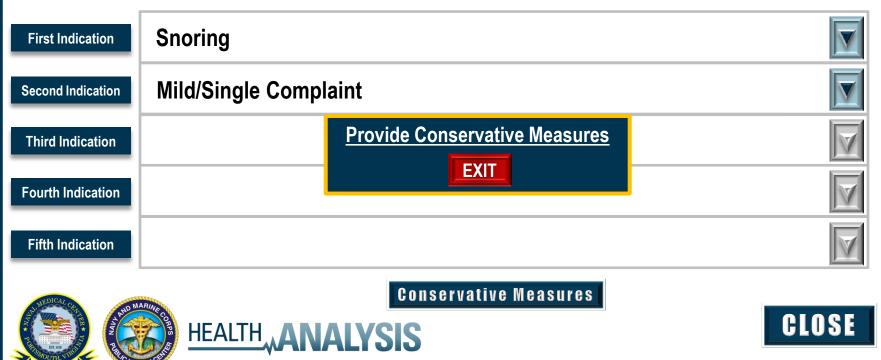




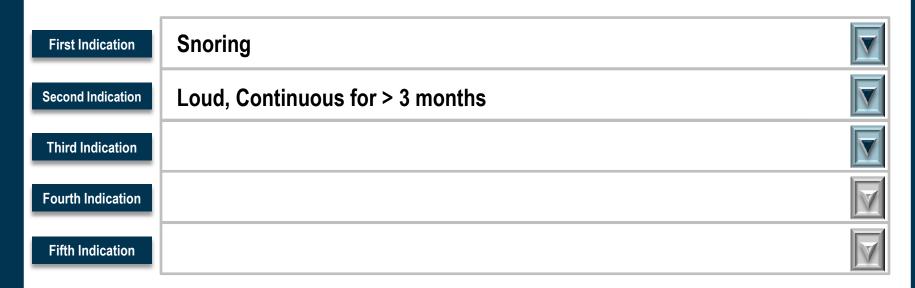




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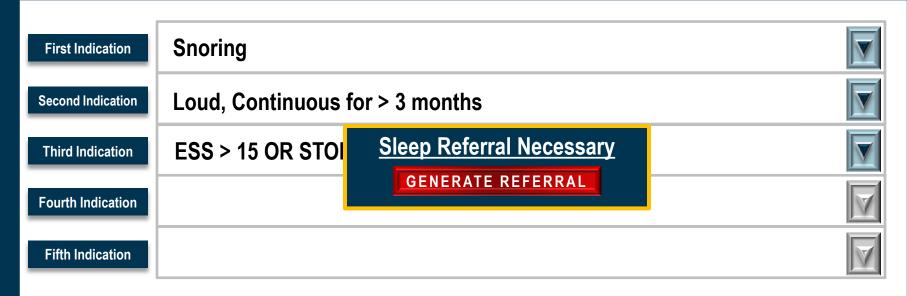








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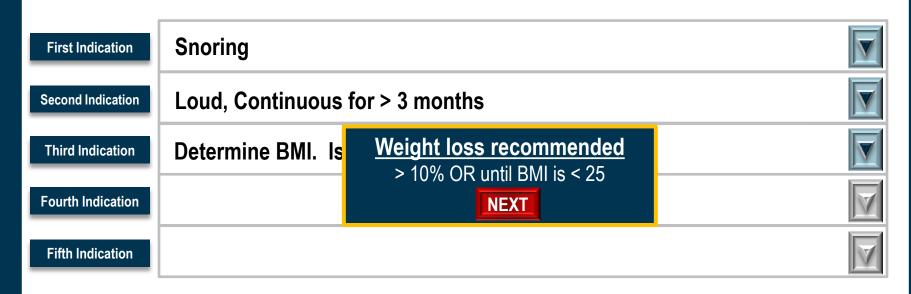








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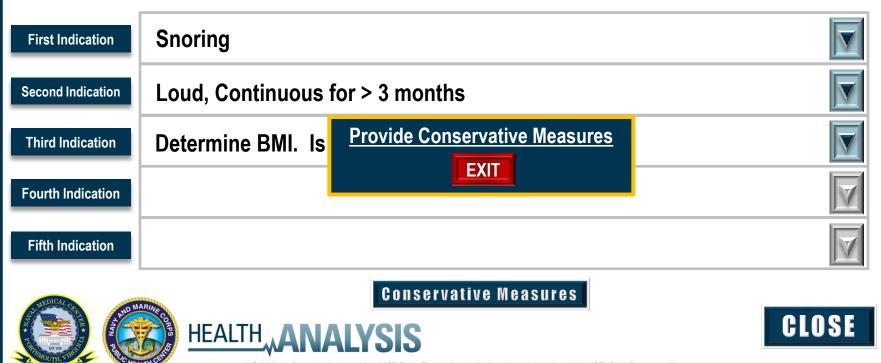




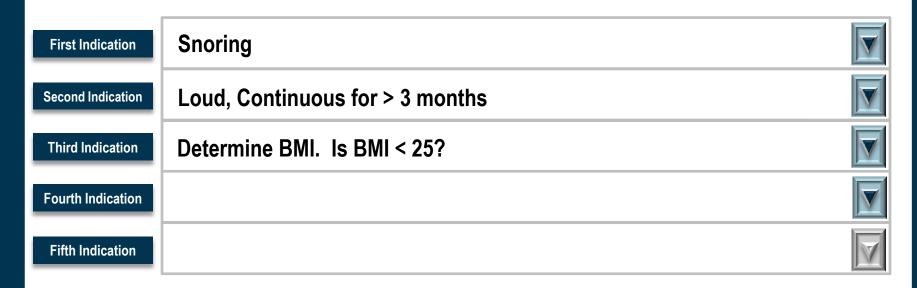




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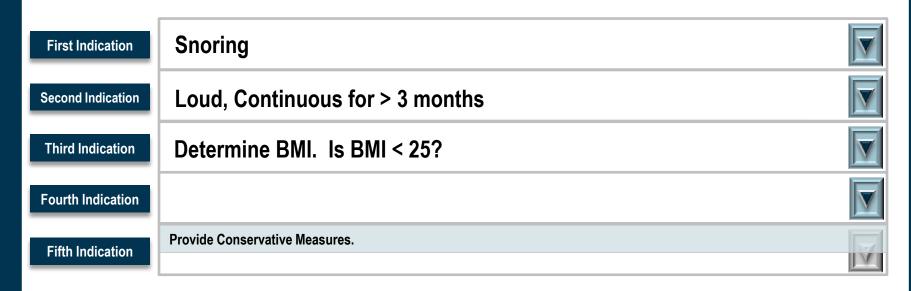








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Using the Tool:

- 1) Select the first indication/symptom from drop down menu
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HEALTH ANALYSIS

CLOSE

- 1) Select the first indication/symptom from drop down menu
- 2) Continue selecting appropriate indications/symptoms from drop down menus until reaching final recommendation.
- 3) When you reach an "End" screen, click the close button in the bottom right corner to exit the tool.

First Indication	Hypersomnia/Fatigue	
Second Indication		
Third Indication		
Fourth Indication		
Fifth Indication		

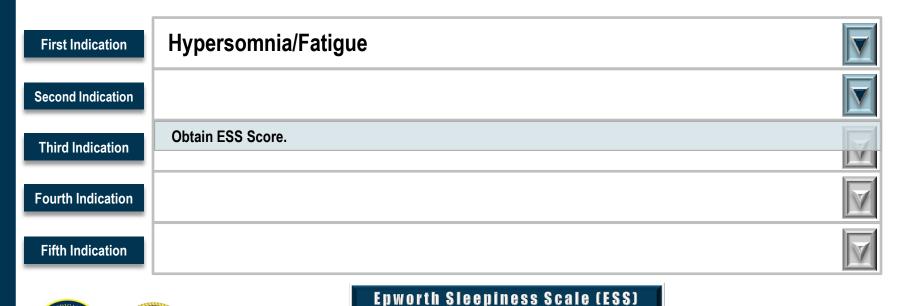






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- 1) Select the first indication/symptom from drop down menu
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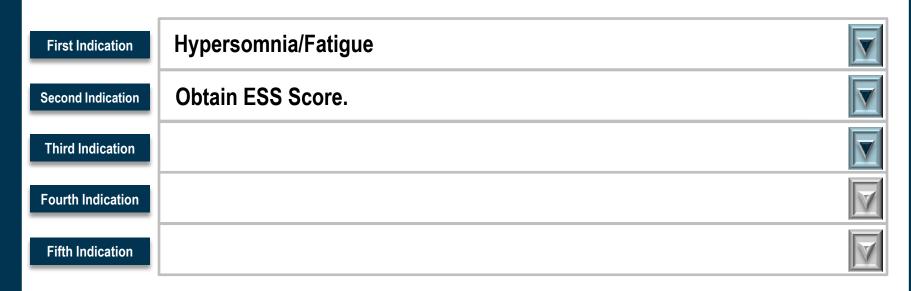




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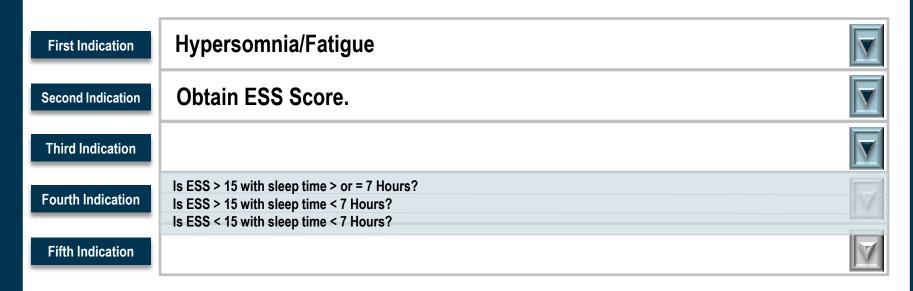








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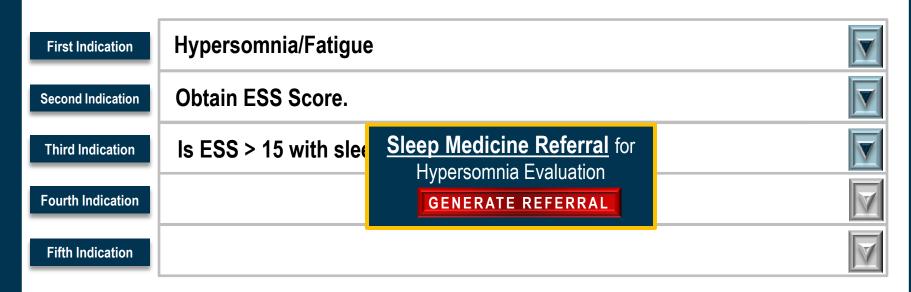








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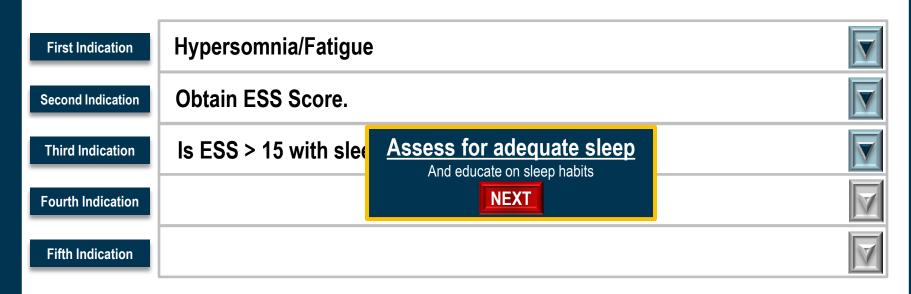








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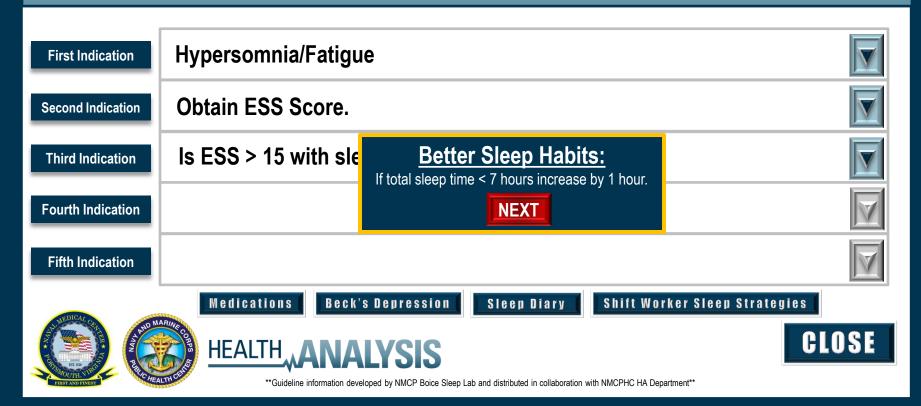




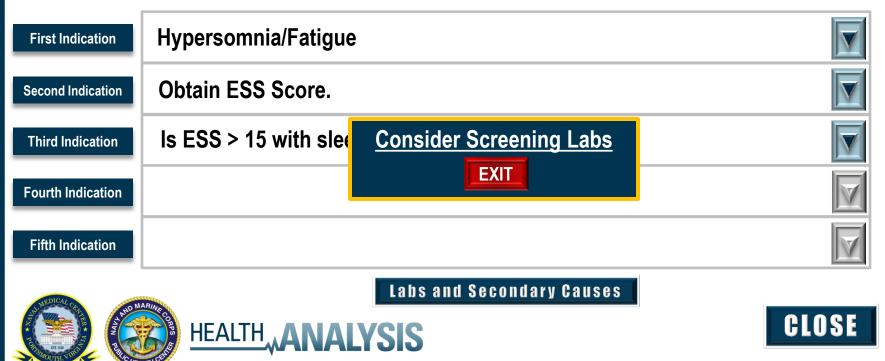




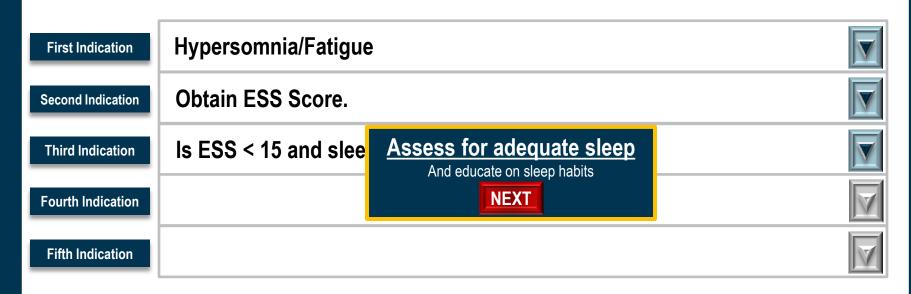
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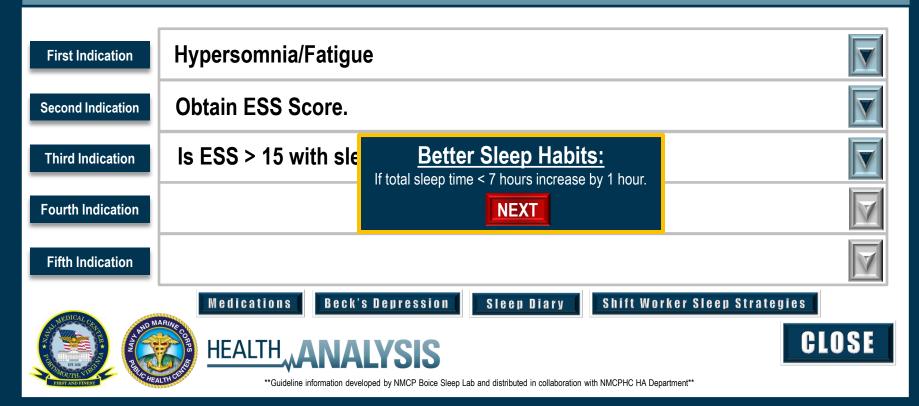




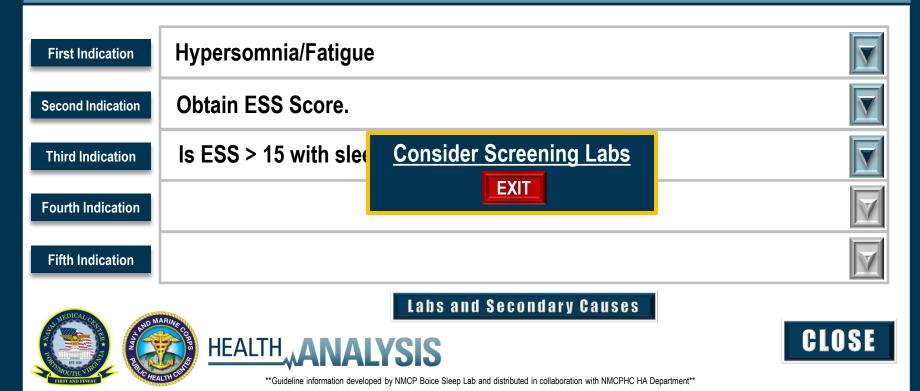




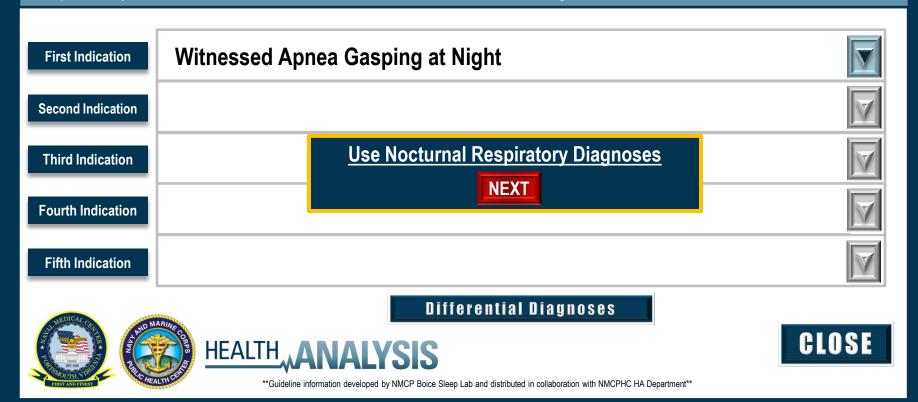
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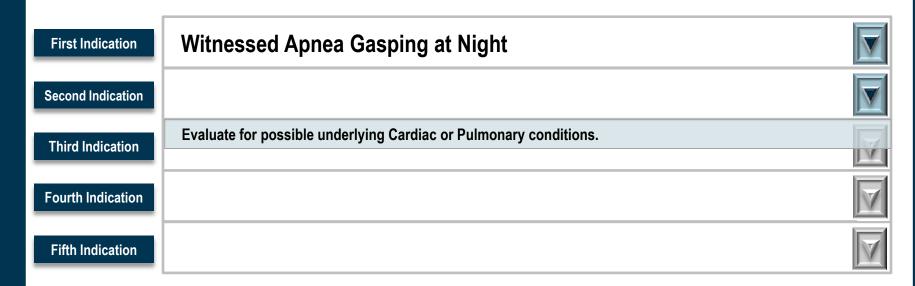
First Indication	Witnessed Apnea Gasping at Night
Second Indication	
Third Indication	
Fourth Indication	
Fifth Indication	







- 1) Select the first indication/symptom from drop down menu
- 2) Continue selecting appropriate indications/symptoms from drop down menus until reaching final recommendation.
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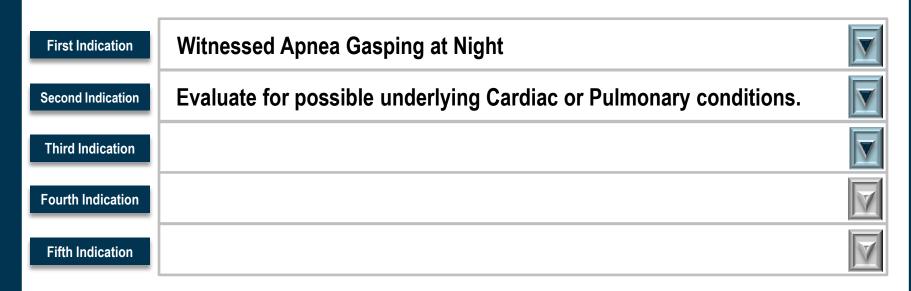








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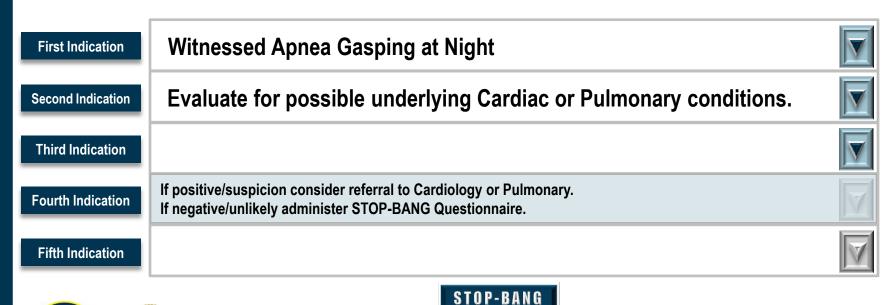






Using the Tool:

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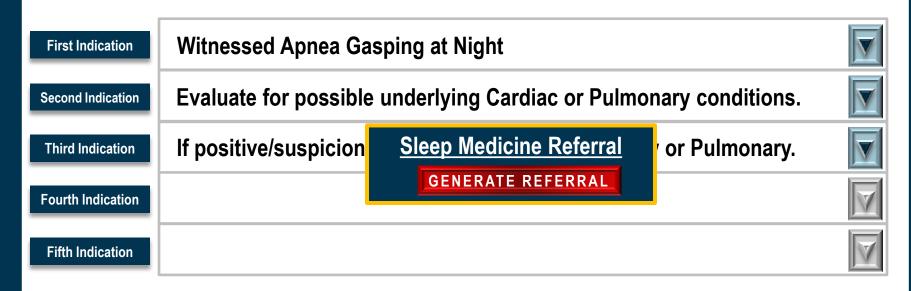




HEALTH ANALYSIS



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Using the Tool:

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- 3) When you reach an "End" screen, click the close button in the bottom right corner to exit the tool.

Witnessed Apnea Gasping at Night

Second Indication

Evaluate for possible underlying Cardiac or Pulmonary conditions.

If negative/unlikely administer STOP-BANG Questionnaire.

Fourth Indication

Fifth Indication





HEALTH ANALYSIS



STOP-BANG

Using the Tool:

- 1) Select the first indication/symptom from drop down menu
- 2) Continue selecting appropriate indications/symptoms from drop down menus until reaching final recommendation.
- 3) When you reach an "End" screen, click the close button in the bottom right corner to exit the tool.

First Indication

Witnessed Apnea Gasping at Night



Second Indication

Evaluate for possible underlying Cardiac or Pulmonary conditions.



Third Indication

If negative/unlikely administer STOP-BANG Questionnaire.



Fourth Indication



Fifth Indication

STOP-BANG Results: 3 or More STOP-BANG Results: Less than 3

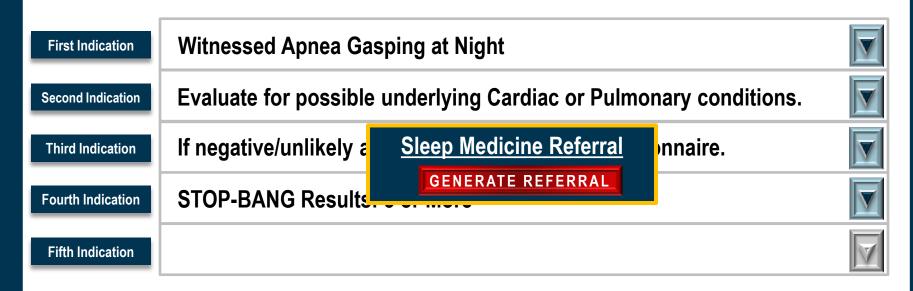








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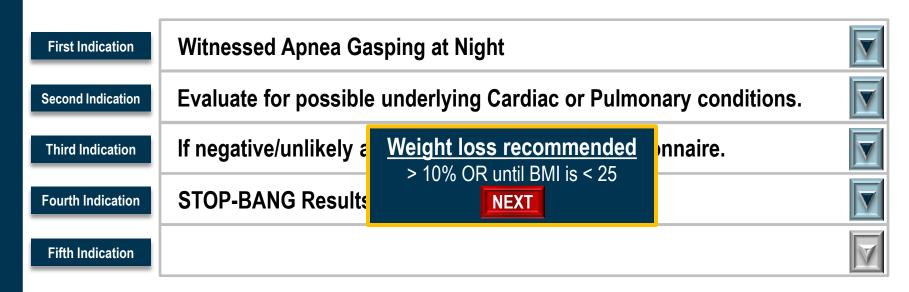








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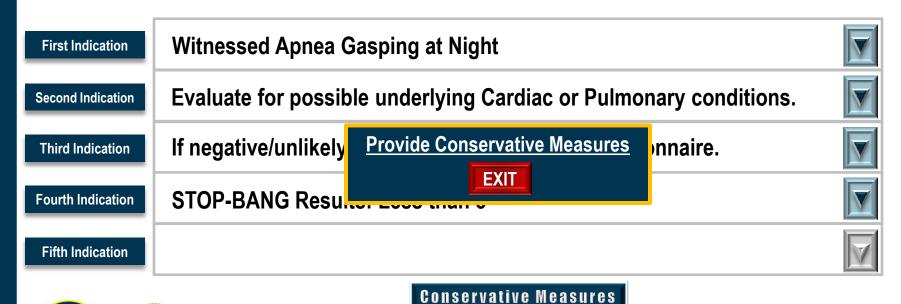






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HEALTH ANALYSIS



Close window to exit Sleep Study Referral Tool

Select text and place in AHLTA referral. Amend as necessary

" ## year old male/female with sleep apnea/hyperinsomina or (Diagnosis) for (Time). Patient has Epworth Sleepiness Scale (ESS) score of (Number).

(Additional text, info, notes, etc.)

Please evaluate for sleep apnea study. Contact (Name) with further questions at XXX-XXX-XXXX."



Select text and place in AHLTA referral. Amend as necessary

" ## year old male/female with sleep apnea/hyperinsomina or (Diagnosis) for (Time). Patient has Epworth Sleepiness Scale (ESS) score of (Number).

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" ## year old male/female with sleep apnea/hyperinsomina or (Diagnosis) for (Time). Patient has Epworth Sleepiness Scale (ESS) score of (Number).

(Additional text, info, notes, etc.)

Please evaluate for sleep apnea study. Contact (Name) with further questions at XXX-XXX-XXXX."



Conservative Measures to Develop Good Sleep Habits

Do:

- Go to bed at the same time each day.
- Get up from bed at the same time each day the most important determinate of a healthy circadian rhythm is consistent wake time – you are doing very well if you don't need an alarm.
- Get regular exercise each day. There is evidence that regular exercise improves restful sleep.
- Get regular exposure to outdoor or bright lights, especially in the morning.
- Keep the temperature in your bedroom comfortable.
- Keep the bedroom quiet when sleeping.
- Keep the bedroom dark enough to facilitate sleep.
- Use your bed only for sleep and sex.
- Warm bath or shower before bed.
- Keep your feet and hands warm. Wear warm socks and/or mittens or gloves to bed if needed.

If you lie in bed awake for more than 20-30 minutes, get up, go to a different room or different part of the bedroom and participate in a quiet activity (e.g. non-excitable reading or television). Return to bed when you feel sleepy. Do this as many times during the night as needed.

Don't:

- Exercise or engage in stimulating activity just before going to bed.
- Have exposure to bright lights or computer screens in the evening.
- Have caffeine past 10 am (coffee, many teas, chocolate, sodas, etc.) – in fact caffeine has > 24 hour neurologic effect meaning that even a morning coffee may cause arousals in sleep.
- Read, watch television or use electronic devices in bed.
- Use alcohol to help you sleep in fact alcohol before bed causes arousals later in the night.
- Go to bed too hungry (causes insomnia) or too full (can cause acid reflux).
- Drink too much water before bed causes wake-ups to go to the bathroom.
- Take over-the-counter sleeping pills. Diphenhydramine (an ingredient commonly found in over-the-counter sleep meds) commonly causes morning grogginess, and even occasionally sleep walking (a common reason for administrative separation from Naval service).
- Take daytime naps if you have problems initiating or maintaining sleep.
- Command yourself to go to sleep as this can cause performance anxiety leading to further wakefulness.
- Look frequently at your watch or alarm clock very common cause of insomnia.





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Epworth Sleepiness Scale (ESS)

The following questionnaire will help measure your general level of daytime sleepiness. You are to rate the chance that you would *doze* off or fall asleep during routine daytime situations. Each action is rated from 0 to 3; never dozing or falling asleep in a given situation (0) and the very high chance of dozing or falling asleep in that situation (3). In contract to just feeling tired, how likely are you to doze off or fall asleep in the following situations? If you haven't done some of the activities recently, think about how they would have affected you in the past.

Use this scale to choose the most appropriate number for each situation:

0 = would never doze 2 = moderate chance of dozing

1 = slight chance of dozing 3 = high chance of dozing

SITUATION		CHANCE O	F DOZING	
Sitting and Reading	0	1	2	3
Watching Television	0	1	2	3
Sitting Inactive in a Public Place (Theater/Meeting)	0	1	2	3
Riding in a Vehicle for an Hour or More	0	1	2	3
Lying Down to Rest in the Afternoon	0	1	2	3
Sitting and Talking to Someone	0	1	2	3
Sitting Quietly After Lunch (No Alcohol)	0	1	2	3
Waiting in Stopped Traffic	0	1	2	3

PRINTER FRIENDLY





Epworth Sleepiness Scale (ESS)

The following questionnaire will help measure your general level of daytime sleepiness. You are to rate the chance that you would *doze off or fall asleep* during routine daytime situations. Each action is rated from 0 to 3; never *dozing or falling asleep* in a given situation (0) and the very high chance of *dozing or falling asleep* in that situation (3). In contract to just feeling tired, how likely are you to *doze off or fall asleep* in the following situations? If you haven't done some of the activities recently, think about how they would have affected you in the past.

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SITUATION	CHA	ANCE	OF DOZ	ZING
Sitting and Reading	0	1	2	3
Watching Television	0	1	2	3
Sitting Inactive in a Public Place (Theater/Meeting)	0	1	2	3
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Lying Down to Rest in the Afternoon	0	1	2	3
Sitting and Talking to Someone	0	1	2	3
Sitting Quietly After Lunch (No Alcohol)	0	1	2	3
Waiting in Stopped Traffic	0	1	2	3
	Tota	Score		

Name:			
Date:			



Γh	nis NMCP Sleep Clinic- developed tool help Height inches/cm Age BMI	Weight Male / Fema	_ lb/kg		OSA)
1.	Snoring				
	Do you snore loudly (louder than talking or loud en	ough to be			
	heard through closed doors)?		Yes	No	
2.	Tired				
	Is your Epworth Sleepiness Scale >12?		Yes	No	
3.					
	Has anyone observed you stop breathing during you	our sleep?	Yes	No	PRINTER
4.	Blood P ressure				FRIENDLY
	Do you have or are you being treated for high bloo	d pressure?	Yes	No	
5.	BMI				RETURN
	Is your BMI more than 35 kg/m2?		Yes	No	
ô.	A ge				to TOOL
	Are you over 50 years old?		Yes	No	
7.	Neck Circumference				
	Is your neck circumference greater than 17 inches	or 43 cm?	Yes	No	
3.	Gender				
	Are you male?		Yes	No	

STOP-BANG score = total number of yes responses. If greater than 5 then direct referral to sleep medicine. Otherwise follow OSA referral guidelines



This NMCP Sleep Clinic- developed tool helps to screen patients for Obstructive Sleep Apnea (OSA)

	Height inches/cm	Weight		lb/kg			,	(,
	Age	Male /	Female	е					
	BMI								
	Collar size of shirt: S M	L	XL	or		inches/c	m		
1.	S noring Do you snore loudly (louder than talking	or loud e	enough	to be he	ard thro	ugh close	d doors)?	Yes	No
2.	T ired Is your Epworth Sleepiness Scale >12?							Yes	No
3.	Observed Has anyone observed you stop breathing	g during	your sle	eep?				Yes	No
4.	Blood P ressure Do you have or are you being treated for	r high blo	ood pres	ssure?				Yes	No
5.	BMI Is your BMI more than 35 kg/m ₂ ?							Yes	No
6.	A ge Are you over 50 years old?							Yes	No
7.	Neck Circumference Is your neck circumference greater than	17 inche	es or 43	cm?				Yes	No
8.	G ender Are you male?							Yes	No

STOP-BANG score = total number of yes responses. If greater than 5 then direct referral to sleep medicine. Otherwise follow OSA referral guidelines

Frances Chung, F.R.C.P.C.,* Balaji Yegneswaran, M.B.B.S.,† Pu Liao, M.D.,‡ Sharon A. Chung, Ph.D.,§ Santhira Vairavanathan, M.B.B.S.,_ Sazzadul Islam, M.Sc.,_ Ali Khajehdehi, M.D.,† Colin M. Shapiro, F.R.C.P.C# Anesthesiology 2008; 108:812–21 Copyright © 2008, the American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins, Inc.



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- Command yourself to go to sleep as this can cause performance anxiety leading to further wakefulness.
- Look frequently at your watch or alarm clock very common cause of insomnia.





Conservative Measures to Develop Good Sleep Habits

Do:

- Go to bed at the same time each day.
- Get up from bed at the same time each day the most important determinate of a healthy circadian rhythm is consistent wake time – you are doing very well if you don't need an alarm.
- Get regular exercise each day. There is evidence that regular exercise improves restful sleep.
- Get regular exposure to outdoor or bright lights, especially in the morning.
- Keep the temperature in your bedroom comfortable.
- Keep the bedroom quiet when sleeping.
- Keep the bedroom dark enough to facilitate sleep.
- Use your bed only for sleep and sex.
- Warm bath or shower before bed.
- Keep your feet and hands warm. Wear warm socks and/or mittens or gloves to bed if needed.

Don't:

- Exercise or engage in stimulating activity just before going to bed.
- Have exposure to bright lights or computer screens in the evening.
- Have caffeine past 10 am (coffee, many teas, chocolate, sodas, etc.) in fact caffeine has > 24 hour neurologic
 effect meaning that even a morning coffee may cause arousals in sleep.
- Read, watch television or use electronic devices in bed.
- Use alcohol to help you sleep in fact alcohol before bed causes arousals later in the night.
- Go to bed too hungry (causes insomnia) or too full (can cause acid reflux).
- Drink too much water before bed causes wake-ups to go to the bathroom.
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If you lie in bed awake for more than 20-30 minutes, get up, go to a different room or different part of the bedroom and participate in a quiet activity (e.g. non-excitable reading or television). Return to bed when you feel sleepy. Do this as many times during the night as needed.



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Epworth Sleepiness Scale (ESS)

The following questionnaire will help measure your general level of daytime sleepiness. You are to rate the chance that you would *doze* off or fall asleep during routine daytime situations. Each action is rated from 0 to 3; never dozing or falling asleep in a given situation (0) and the very high chance of dozing or falling asleep in that situation (3). In contract to just feeling tired, how likely are you to doze off or fall asleep in the following situations? If you haven't done some of the activities recently, think about how they would have affected you in the past.

Use this scale to choose the most appropriate number for each situation:

0 = would never doze 2 = moderate chance of dozing

1 = slight chance of dozing 3 = high chance of dozing

SITUATION		CHANCE O	F DOZING	
Sitting and Reading	0	1	2	3
Watching Television	0	1	2	3
Sitting Inactive in a Public Place (Theater/Meeting)	0	1	2	3
Riding in a Vehicle for an Hour or More	0	1	2	3
Lying Down to Rest in the Afternoon	0	1	2	3
Sitting and Talking to Someone	0	1	2	3
Sitting Quietly After Lunch (No Alcohol)	0	1	2	3
Waiting in Stopped Traffic	0	1	2	3

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RETURN to TOOL

Total Score



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	Tota	Score		

Name:			
Date:			



Medications Known to Cause Sleepiness

Antiepileptics

Anticonvulsant drug; to include Gabapentin, Keppra, Lyrica, Zonegran, Topamax)

Muscle relaxants

• Drug used to relax muscles, ease pain and reduce stiffness; to include Flexeril, Robaxin, Soma, Baclofen

Antihistamines

• Particularly Benadryl, Chlorphenermine maleate, Doxylamine succinate, Periactin, Vistaril

Opiates

Drug with dulling effect; to include Ultram

Sedative hypnotics or Benzodiazepines

Drug with minor tranquilizing effect; to include Ambien and Clonazepam

Antidepressants

• Tricyclic, Amitriptyline, Nortriptyline, Doxepin, Trazadone, Remeron, Paxil, and Lithium

Beta blockers

Drugs used to treat hypertension, heart attack, anxiety, glaucoma, etc.; particularly Propranolol

Clonidine

Drug used to treat hypertension

Anti-emetics

• Drug used to treat nausea, vomiting, motion sickness; to include Phenergan, **Compazine, Marinol, Antivert**, and **Meclizine**

Antipsychotic medications

Drugs used to manage psychosis; to include Haloperidol, Seroquel, Abilify, and Zyprexa

Restless leg medications

Drugs used to quiet leg movement; to include Ropinirole and Pramipexole

OTC herbal remedies

Valerian root extract, tryptophan, L-theanine melatonin, Kava, etc.

Alcohol







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- Alcohol



Beck's Depression Inventory

A Tool to Screen Patients for Obstructive Sleep Apnea (OSA)

0 1	l do not feel sad I feel sad	2 3	I am sad all the time and I cannot snap out of it I am so sad and unhappy that I cannot stand it
0	I am not particularly discouraged about the future	2	I feel I have nothing to look forward to
1	I feel discouraged about the future	3	I feel the future is hopeless and that things cannot improve.
0 1	I do not feel like a failure. I feel I have failed more than the average person	2 3	As I look back on my life, I see many failures I feel I am a complete failure as a person
0	I get as much satisfaction out of things as I used to I do not enjoy things the way I used to	2	I do not get real satisfaction out of anything anymore I am dissatisfied or bored with everything
0	I do not feel particularly guilty I feel guilty a good part of the time	2	I feel quite guilty most of the time I feel guilty all of the time
0 1	I don't feel I am being punished I feel I may be punished	2 3	I expect to be punished I feel I am being punished
0 1	I do not feel disappointed in myself. I am disappointed in myself	2 3	I am disgusted with myself I hate myself
0	I don't feel I am any worse than anybody else	2	I blame myself all the time for my faults
1	I am critical of myself for my weaknesses or mistakes	3	I blame myself for everything bad that happens
0	I don't have any thoughts of killing myself I have thoughts of killing myself but I would not carry them out	2	I would like to kill myself I would kill myself if I had the chance
0 1	I don't cry any more than usual I cry more now than I used to	2	I cry all the time now I used to be able to cry, but now I can't cry even though I want to
0	I am no more irritated by things than I ever was	2	I am annoyed/irritated a good deal of the time
1	I am slightly more irritated now than usual	3	I feel irritated all the time
0 1	I have not lost interest in other people I am less interested in other people than I used to be	2 3	I have lost most of my interest in other people I have lost all of my interest in other people

0	I make decisions about as well as I ever could	2	I have greater difficulty in making decisions more than I used to
1	I put off making decisions more than I used to	3	I can't make decisions at all anymore
0	I don't feel that I look any worse than I used to	2	I feel there are permanent changes in my appearance that make me look unattractive
1	I am worried that I am looking old or unattractive	3	I believe that I look ugly
0	I can work about as well as before	2	I push myself very hard to do anything
1	It takes an extra effort to get started at doing	3	I can't do any work at all something
0	I can sleep as well as usual	2	I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
1	I don't sleep as well as I used to	3	I wake up several hours earlier than I used to and cannot get back to sleep
0	I don't get more tired than usual	2	I get tired from doing almost anything
1	I get tired more easily than I used to	3	I am too tired to do anything
0	My appetite is no worse than usual	2	My appetite is much worse now
1	My appetite isn't as good as it used to be	3	I have no appetite at all anymore
0	I haven't lost much weight, if any, lately	2	I have lost more than ten pounds
1	I have lost more than five pounds	3	I have lost more than fifteen pounds
0	I am no more worried about my health than usual	2	I am very worried about physical problems and it's hard to think of much else
1	I am worried about physical problems like aches, pains, upset stomach, or	3	I am so worried about my physical problems that I cannot think of anything else
0	I have not noticed any recent change	2	I have almost no interest in sex interest in sex
1	I am less interested in sex than I use	3	I have lost interest in sex completely

Scoring the Beck Depression Inventory

After completing the questionnaire, add up the numbers of each correlating response. The highest possible total for the whole test is sixty-three and the lowest possible total is zero. Evaluate your depression according to the point values below.

Total Score

A PERSISTENT SCORE OF 17 OR ABOVE INDICATES THAT YOU MAY NEED MEDICAL TREATMENT

Levels of Depression

1-10 - Considered Normal

11-16 - Mild Mood Disturbance

17-20 - Borderline Clinical Depression

21-30 - Moderate Depression

31-40 - Severe Depression

over 40 - Extreme Depression

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Go to page 2 to finish questionnaire

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1	I am worried about physical problems like aches, pains, upset stomach, or constipation	3	I am so worried about my physical problems that I cannot think of anything else
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Two Week Sleep Diary

INSTRUCTIONS:

- Write the date, day of the week, and type of day (i.e. Work, school, day off, vacation, etc.)

 Write "C" on days when you have coffee, cola or tea, "M" on days when you take medication, "A" when you drink alcohol, and "E" when you exercise.
- Indicate when you go to bed (i.e. Check or "X" the box for the appropriate time)
- Shade all boxes that show sleep time at night or naps during the day Leave all boxes that show awake time at night or during the day

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DATE	DAY	TYPE	Noon	1PM	2PM	3PM	4PM	5PM	ВРМ	7PM	8PM	9РМ	10PM	11PM	MID- NIGHT	1 AM	2AM	3AM	44M	5AM	6AM	7AM	8AM	9AM	10AM	11AM
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Strategies to Minimize Sleepiness

- Maintain a consistent sleep-wake schedule, even on 'days off'
- · Develop and try to maintain an "anchor" sleep period
 - ❖ 3-4 hours when you always sleep regardless of schedule
- Add a second sleep period of 3-4 hours to fit your schedule
- Ensure you achieve a 7 hour minimum of sleep every 24-hours
- · If your work schedule changes, go to sleep as soon as possible after your shift
- Create an unwinding and relaxing bedtime ritual
 - Example: taking a warm bath, drinking a warm glass of milk or a cup of decaffeinated tea
- Avoid stressful tasks before bed or while in bed
 - Example: balancing a checkbook or reading/watching a thrilling movie
- Make your home environment as guiet as possible
- · Manage exposure to sunlight and bright indoor light
 - Dim your lights, invest in light-blocking shades, and/or wear an eye mask to bed
- Ensure bedroom temperature is moderate and comfortable
 - Not too hot or too cold
- At work:
 - Take breaks and walk around
 - Engage in conversations with people around you
 - Request a break or nap if drowsiness occurs if you:
 - Operate heavy equipment
 - Drive a vehicle
 - Provide health care. or
 - Other safety sensitive work







^{**} If you try these recommendations, but still have trouble falling asleep, staying asleep, or feel excessively tired, talk with your doctor. Visit the National Sleep Foundation's website, www.sleepfoundation.org, to learn more about healthy sleep, sleep disorder symptoms and to find a sleep professional in your area.**

Sleep Strategies for Shift Workers

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Secondary Causes of Hypersomnia/Fatigue

- Gastroesophageal Reflux Disease, A.K.A. GERD
 - Nocturnal asthma
- Nocturia
 - Urinates > 2 times per night
- Pain
 - Acute, radicular, or chronic which is not adequately controlled
- Anxiety
- Panic attacks or nightmares
- Urge to move legs, A.K.A. Restless Leg Syndrome (RLS)

Screening Labs to Consider

- Thyroid Function Tests (TFTs)
- Complete Blood Count (CBC) test
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Beck's Depression Inventory

A Tool to Screen Patients for Obstructive Sleep Apnea (OSA)

0 1	l do not feel sad I feel sad	2 3	I am sad all the time and I cannot snap out of it I am so sad and unhappy that I cannot stand it
0	I am not particularly discouraged about the future	2	I feel I have nothing to look forward to
1	I feel discouraged about the future	3	I feel the future is hopeless and that things cannot improve.
0 1	I do not feel like a failure. I feel I have failed more than the average person	2 3	As I look back on my life, I see many failures I feel I am a complete failure as a person
0	I get as much satisfaction out of things as I used to I do not enjoy things the way I used to	2	I do not get real satisfaction out of anything anymore I am dissatisfied or bored with everything
0	I do not feel particularly guilty I feel guilty a good part of the time	2	I feel quite guilty most of the time I feel guilty all of the time
0 1	I don't feel I am being punished I feel I may be punished	2 3	I expect to be punished I feel I am being punished
0 1	I do not feel disappointed in myself. I am disappointed in myself	2 3	I am disgusted with myself I hate myself
0	I don't feel I am any worse than anybody else	2	I blame myself all the time for my faults
1	I am critical of myself for my weaknesses or mistakes	3	I blame myself for everything bad that happens
0	I don't have any thoughts of killing myself I have thoughts of killing myself but I would not carry them out	2	I would like to kill myself I would kill myself if I had the chance
0 1	I don't cry any more than usual I cry more now than I used to	2	I cry all the time now I used to be able to cry, but now I can't cry even though I want to
0	I am no more irritated by things than I ever was	2	I am annoyed/irritated a good deal of the time
1	I am slightly more irritated now than usual	3	I feel irritated all the time
0 1	I have not lost interest in other people I am less interested in other people than I used to be	2 3	I have lost most of my interest in other people I have lost all of my interest in other people

0	I make decisions about as well as I ever could	2	I have greater difficulty in making decisions more than I used to
1	I put off making decisions more than I used to	3	I can't make decisions at all anymore
0	I don't feel that I look any worse than I used to	2	I feel there are permanent changes in my appearance that make me look unattractive
1	I am worried that I am looking old or unattractive	3	I believe that I look ugly
0	I can work about as well as before	2	I push myself very hard to do anything
1	It takes an extra effort to get started at doing	3	I can't do any work at all something
0	I can sleep as well as usual	2	I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
1	I don't sleep as well as I used to	3	I wake up several hours earlier than I used to and cannot get back to sleep
0	I don't get more tired than usual	2	I get tired from doing almost anything
1	I get tired more easily than I used to	3	I am too tired to do anything
0	My appetite is no worse than usual	2	My appetite is much worse now
1	My appetite isn't as good as it used to be	3	I have no appetite at all anymore
0	I haven't lost much weight, if any, lately	2	I have lost more than ten pounds
1	I have lost more than five pounds	3	I have lost more than fifteen pounds
0	I am no more worried about my health than usual	2	I am very worried about physical problems and it's hard to think of much else
1	I am worried about physical problems like aches, pains, upset stomach, or	3	I am so worried about my physical problems that I cannot think of anything else
0	I have not noticed any recent change	2	I have almost no interest in sex interest in sex
1	I am less interested in sex than I use	3	I have lost interest in sex completely

Scoring the Beck Depression Inventory

After completing the questionnaire, add up the numbers of each correlating response. The highest possible total for the whole test is sixty-three and the lowest possible total is zero. Evaluate your depression according to the point values below.

Total Score

A PERSISTENT SCORE OF 17 OR ABOVE INDICATES THAT YOU MAY NEED MEDICAL TREATMENT

Levels of Depression

1-10 - Considered Normal

11-16 - Mild Mood Disturbance

17-20 - Borderline Clinical Depression

21-30 - Moderate Depression

31-40 - Severe Depression

over 40 - Extreme Depression

PRINTER FRIENDLY







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Go to page 2 to finish questionnaire

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0	I am no more worried about my health than usual	2	I am very worried about physical problems and it's hard to think of much else
1	I am worried about physical problems like aches, pains, upset stomach, or constipation	3	I am so worried about my physical problems that I cannot think of anything else
0	I have not noticed any recent change in my interest in sex	2	I have almost no interest in sex
1	I am less interested in sex than I used to be	3	I have lost interest in sex completely

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Two Week Sleep Diary

INSTRUCTIONS:

- Write the date, day of the week, and type of day (i.e. Work, school, day off, vacation, etc.)

 Write "C" on days when you have coffee, cola or tea, "M" on days when you take medication, "A" when you drink alcohol, and "E" when you exercise.
- Indicate when you go to bed (i.e. Check or "X" the box for the appropriate time)
- Shade all boxes that show sleep time at night or naps during the day Leave all boxes that show awake time at night or during the day

								-	_		-		_						-	,		-	_			
DATE	DAY	TYPE	Noon	1PM	2PM	3PM	4PM	5PM	ВРМ	7PM	8PM	9РМ	10PM	11PM	MID- NIGHT	1 AM	2AM	3AM	44M	5AM	6AM	7AM	8AM	9AM	10AM	11AM
SAMPLE	Mon.	Work.		E					А				X									СМ				
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PRINTER FRIENDLY







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Strategies to Minimize Sleepiness

- Maintain a consistent sleep-wake schedule, even on 'days off'
- · Develop and try to maintain an "anchor" sleep period
 - ❖ 3-4 hours when you always sleep regardless of schedule
- Add a second sleep period of 3-4 hours to fit your schedule
- Ensure you achieve a 7 hour minimum of sleep every 24-hours
- · If your work schedule changes, go to sleep as soon as possible after your shift
- Create an unwinding and relaxing bedtime ritual
 - Example: taking a warm bath, drinking a warm glass of milk or a cup of decaffeinated tea
- Avoid stressful tasks before bed or while in bed
 - Example: balancing a checkbook or reading/watching a thrilling movie
- Make your home environment as guiet as possible
- · Manage exposure to sunlight and bright indoor light
 - Dim your lights, invest in light-blocking shades, and/or wear an eye mask to bed
- Ensure bedroom temperature is moderate and comfortable
 - Not too hot or too cold
- At work:
 - Take breaks and walk around
 - Engage in conversations with people around you
 - Request a break or nap if drowsiness occurs if you:
 - Operate heavy equipment
 - Drive a vehicle
 - Provide health care. or
 - Other safety sensitive work







^{**} If you try these recommendations, but still have trouble falling asleep, staying asleep, or feel excessively tired, talk with your doctor. Visit the National Sleep Foundation's website, www.sleepfoundation.org, to learn more about healthy sleep, sleep disorder symptoms and to find a sleep professional in your area.**

Sleep Strategies for Shift Workers

Ways of Minimizing Sleepiness

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Secondary Causes of Hypersomnia/Fatigue

- Gastroesophageal Reflux Disease, A.K.A. GERD
 - Nocturnal asthma
- Nocturia
 - Urinates > 2 times per night
- Pain
 - Acute, radicular, or chronic which is not adequately controlled
- Anxiety
- Panic attacks or nightmares
- Urge to move legs, A.K.A. Restless Leg Syndrome (RLS)

Screening Labs to Consider

- Thyroid Function Tests (TFTs)
- Complete Blood Count (CBC) test
- Basic Metabolic Panel (BMP) lab
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Differential Diagnosis of Nocturnal Respiratory Symptoms

Obstructive Sleep Apnea (OSA)

· Disrupted breathing due to an airway blockage

Central Sleep Apnea (CSA)

Intermittent or rotating pauses in breath

Obesity Hypoventilation Syndrome

• Excessive amounts of carbon dioxide and insufficient oxygen in the blood, resulting in poor breathing

Asthma

· Chronic inflammation of the airways

Chronic Obstructive Pulmonary Disease (COPD)

· Main forms are chronic bronchitis and emphysema

Allergic rhinitis

An allergic reaction to particles you breath; allergies

Congestive Heart Failure

The heart cannot successfully pump blood to the rest of the body

Coronary Heart Disease

• The result of plaque buildup in coronary arteries

Nocturnal Panic Disorder

 Sudden waking characterized by difficulty breathing, hyperventilation and a rapid or irregular heartbeat

Nocturnal Reflux with Aspiration

Acid reflux disease that occurs during the night

Laryngospasm

 Related to Gastroesophageal reflux disease, occurs when the vocal cords seize up and block air flow into the lungs

Sino-pulmonary Infection with nocturnal pooling of secretions

Paranasal sinus infection secreting from blood or sells when asleep

Neuromuscular Weakness affecting the diaphragm

· Motor neuron disease causes decreased diaphragmatic strength





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1.	Snoring				
	Do you snore loudly (louder than talking or loud end	ough to be			
	heard through closed doors)?		Yes	No	
2.	Tired				
	Is your Epworth Sleepiness Scale >12?		Yes	No	
3.	O bserved				
	Has anyone observed you stop breathing during yo	ur sleep?	Yes	No	PRINTER
4.	Blood P ressure				FRIENDLY
	Do you have or are you being treated for high bloo	d pressure?	Yes	No	
5.	BMI				RETURN
	Is your BMI more than 35 kg/m2?		Yes	No	
6.	A ge				to TOOL
	Are you over 50 years old?		Yes	No	
7.	Neck Circumference				
	Is your neck circumference greater than 17 inches	or 43 cm?	Yes	No	
8.	Gender				
	Are you male?		Yes	No	

STOP-BANG score = total number of yes responses. If greater than 5 then direct referral to sleep medicine. Otherwise follow OSA referral guidelines





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Conservative Measures to Develop Good Sleep Habits

Do:

- Go to bed at the same time each day.
- Get up from bed at the same time each day the most important determinate of a healthy circadian rhythm is consistent wake time – you are doing very well if you don't need an alarm.
- Get regular exercise each day. There is evidence that regular exercise improves restful sleep.
- Get regular exposure to outdoor or bright lights, especially in the morning.
- Keep the temperature in your bedroom comfortable.
- Keep the bedroom quiet when sleeping.
- Keep the bedroom dark enough to facilitate sleep.
- Use your bed only for sleep and sex.
- Warm bath or shower before bed.
- Keep your feet and hands warm. Wear warm socks and/or mittens or gloves to bed if needed.

If you lie in bed awake for more than 20-30 minutes, get up, go to a different room or different part of the bedroom and participate in a quiet activity (e.g. non-excitable reading or television). Return to bed when you feel sleepy. Do this as many times during the night as needed.

Don't:

- Exercise or engage in stimulating activity just before going to bed.
- Have exposure to bright lights or computer screens in the evening.
- Have caffeine past 10 am (coffee, many teas, chocolate, sodas, etc.) – in fact caffeine has > 24 hour neurologic effect meaning that even a morning coffee may cause arousals in sleep.
- Read, watch television or use electronic devices in bed.
- Use alcohol to help you sleep in fact alcohol before bed causes arousals later in the night.
- Go to bed too hungry (causes insomnia) or too full (can cause acid reflux).
- Drink too much water before bed causes wake-ups to go to the bathroom.
- Take over-the-counter sleeping pills. Diphenhydramine (an ingredient commonly found in over-the-counter sleep meds) commonly causes morning grogginess, and even occasionally sleep walking (a common reason for administrative separation from Naval service).
- Take daytime naps if you have problems initiating or maintaining sleep.
- Command yourself to go to sleep as this can cause performance anxiety leading to further wakefulness.
- Look frequently at your watch or alarm clock very common cause of insomnia.





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